

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CD</i>	<i>0000</i>	<i>9/29/00</i>
O.I.P.E. CLASSIFIER	<i>H.S.</i>	<i>945</i>	<i>10/10</i>
FORMALITY REVIEW			<i>11-2-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N Non-elected
 Allowed I Interference
 (through numeral)... Canceled A Appeal
 Restricted O Objected

Claim	Date
Final Original	6/27/00
1	7/3/00
2	7/14/00
3	7/29/00
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here ..